

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24912

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 City Near Farmington (No.)

Registration District No. 773
 Primary Registration District No. 6018A

File No.
 Registered No. 1095
 St. Ward

2. FULL NAME

(a) Residence. No. R.F.D. State Hospital St. Ward. R.F.D. Blodgett, Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 8 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Anna Masterson Dupree

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 0 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) R.F.D. Blodgett
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER J.E. Dupree

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Catherine Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records
 (Address)

15. FILED 7-15-28 1928 R. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 3 1927 to July 13 1928
 that I last saw h. alive on July 12, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
 (duration) mos. ds.
CONTRIBUTORY (SECONDARY) MI
 (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & autopsy
 (Signed) D. T. Hoctor M. D.
7-15-28 (Address) Farmington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Morley Mo **DATE OF BURIAL** 7-17 1928

20. UNDERTAKER Weidert Med Co **ADDRESS** Farmington, Mo

